

EXHIBIT 5-H

APPLICANT SUMMARY SHEET

HOME Position	Total # of Applicants	# Minority Applicants	# Women Applicants	# Disabled Applicants

INTERVIEW AND HIRING FORM

NAME OF APPLICANT:	ADDRESS AND PHONE:
POSITION APPLIED FOR:	
HOW DID THE APPLICANT FIND OUT ABOUT THE POSITION?	
PLEASE CHECK THE APPROPRIATE BOXES AS THEY APPLY:	
HISPANIC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
RACE? <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN	
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE	
<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	
<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE AND WHITE	
<input type="checkbox"/> ASIAN AND WHITE	
<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE AND BLACK OR AFRICAN AMERICAN	
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN AND WHITE	
<input type="checkbox"/> OTHER MULTI RACIAL	
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> ELDERLY (OVER 62) <input type="checkbox"/> SINGLE HEAD OF HOUSEHOLD	
<input type="checkbox"/> HANDICAPPED <input type="checkbox"/> LOW/MODERATE INCOME	
WAS THE APPLICANT SELECTED FOR AN INTERVIEW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NOT, REASON:	
DATE OF INTERVIEW:	
PARTICIPANTS IN INTERVIEW:	
WAS THE APPLICANT HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NOT, REASON:	
NAME AND TITLE OF PERSON PREPARING THIS REPORT:	
DATE REPORT PREPARED:	

GRANTEE EMPLOYMENT SUMMARY

HOME POSITIONS: Job Category	TOTAL NUMBER IN CATEGORY	NUMBER MALE		NUMBER FEMALE		% Minority in Category	% Minority in Labor Force	% Female in Category	% Female in Labor Force *
		Non-Minority	Minority	Non-Minority	Minority				

* Labor Force data available by county from Census data